

**MONMOUTH COLLEGE
OFFICE OF THE REGISTRAR**

ID#: _____ **REQUEST TO TAKE COURSE WORK OFF-CAMPUS**

STUDENT NAME: _____ **DATE:** _____

EMAIL: _____ **MAJOR:** _____

1. Name of off-campus institution: _____

2. Course prefix & number: _____ **Title:** _____

3. Hours/Course Credit to be earned: _____

4. SESSION: _____ **Fall** _____ **Winter** _____ **Spring** _____ **Summer** **YEAR:** _____

<p>5a. Purpose for taking the course:</p> <p>_____ Elective credit</p> <p>_____ Major or minor credit</p> <p>_____ Teacher Licensure</p> <p>_____ General Education Requirement</p> <p>_____ Course Replacement*</p>	<p>5b. Please indicate which course or requirement you expect this course to substitute.</p> <p>_____ Elective Credit</p> <p>_____</p> <p>_____</p> <p>_____</p>
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6. Is this to be taken as a repeated course? _____ **Yes** _____ **No**

* If yes, understand that satisfactory completion of this course means that the credit hours brought in will **REPLACE** any hours previously earned for the course you are repeating, **NOT ADD** to them.

7. Signatures:

Advisor Name _____ **Advisor Signature** _____

Department Chair Name _____ **Department Chair Signature** _____

(Signature required if request is for major, minor, teacher licensure or course replacement.)

It is understood that:

1. Credit will not be given for any major or minor course where the grade is less than C-.
2. The senior residency requirement stipulates that after attaining senior status (24 Course Credits), at least 6 of the remaining course credits required for the degree must be granted by Monmouth College.
3. The total number of transfer credits may not exceed 16 Course Credits.

8. _____

Student Signature _____ **Date** _____

9. _____

Registrar's Signature: **Approved** **Not Approved** _____ **Date** _____

OFFICE USE ONLY

Transfer Hours	Earned Course Credits	Current Semester	Session GPA	Cumulative GPA